

## FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

Applicant's Name: Joe Joseph Date of Review: January 12, 2020Center Name: Your Center ID #: 3333333Interview conducted by:  Telephone  In person  Videoconference

In determining whether, in your professional judgment, the above named individual's health care needs are beyond what the Job Corps' health and wellness program can provide as defined as basic health care in Exhibit 2-4: Job Corps Basic Health Care Responsibilities consider the following and respond accordingly.

If you determine that the individual's health care needs are beyond Job Corps basic health care responsibilities and their condition rises to a level of a disability, consider whether any accommodations or modifications would remove the barrier to enrollment and list any suggested accommodations or modifications. Do not consider whether, in your view, a particular accommodation or modification is "reasonable." That determination must be made by the center director or his/her designees.

**1. What factors triggered review of the individual's file for a health care needs assessment?***[Please mark all that apply]*

- Within the past six months, two or more emergency room visits or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons.
- New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis; only able to attend Job Corps 3 hours per day; hourly medication or behavioral monitoring; daily assistance with activities of daily living; long-term weekly on-center therapy provided by the CMHC; complex full-mouth reconstruction/rehabilitation).
- Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health care management. (Note: Some students are non-adherent and experience adverse consequences but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)
- Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning, which continue to place applicant in need of significant health care management.
- Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.
- Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health Care Responsibilities (e.g., orthodontic braces for malocclusion).

**2. What is the applicant's history and present functioning to support statement of health care needs?***(Include information from ETA 653, file review, Chronic Care Management Plan (CCMP) Provider Form, and interview with applicant.)*

ETA 653: Applicant endorsed:

- 8a Currently under care of a physician, dentist, or mental health professional
- 8v. Stopped getting treatment and/or taking medication that a doctor or other medical professional prescribed for you
- 9t. Attention Deficit/Hyperactivity Disorder
- 9w. Anxiety/Trauma/Stress-Related Disorder
- 10. If you are a person with a disability, you may request accommodations.

**Applicant File Review Summary:**Buncombe County Schools - Section 504/ADA Student Accommodation Plan

- School Year 2019-2020.
- Identified mental health impairments: Attention Deficit/Hyperactivity Disorder (AD/HD) and Generalized Anxiety Disorder.
- Disabilities adversely affect his performance at home and at school.
- Applicant's limited concentration in the classroom limits his ability to:
  - Learn verbally presented information
  - Listen and take notes at the same time
  - Complete classroom assignments within time limits.
- Due to generalized anxiety, student has panic attacks when:
  - Under pressure academically or
  - In settings with large numbers of students (e.g. cafeteria, pep rallies. etc.)
- Applicant often:
  - Retreats to safe, isolated settings
  - Not go to classes where there will be the expectation to participate in groups.
- When reading he requires a quiet environment with limited visual distractions.
- Paraprofessional services are offered 4 hours x school day to:
  - Assist with accommodations
  - Provide support with the implementation of strategies for managing anxiety and inattention/lack of concentration.
- Parents previously consulted a psychiatrist who placed applicant on medications to reduce anxiety and assist with his attention problems. Applicant was not adherent with recommended treatment claiming medications caused unwanted side effects; treatment was discontinued.
- Applicant is inconsistent with weekly psychological interventions. Purpose of treatment:
  - Assist in identifying strategies for coping with anxiety
  - Improve attention/concentration skills

**CCMP Provider Form:** Does provider recommend applicant to enter Job Corps?  Yes  No  
*If conflicting recommendation with treating provider, please indicate effort to contact treating provider for discussion in addition to summary of information on the CCMP.*

CCMPs for AD/HD and Generalized Anxiety completed by psychologist Dr. N. Doctor (12/19/19)

## CCMP for AD/HD:

- Classification: Predominately inattentive presentation.
- Severity: Severe -Intense symptoms with marked interference in social and occupational functioning.
- Current symptoms Distractibility, poor concentration, trouble finishing tasks/assignments.
- Accommodations: Clear and structure routines, allow breaks, extended time for exams/assignments/quizzes.

## CCMP for Anxiety Disorders:

- Classification: Generalized Anxiety
- Current symptoms: Panic attacks, restlessness, depressed mood, irritability, trouble concentrating.
- Severity: Moderate persistent – daily symptoms that interfere with daily activities.
- Accommodations: Taking exam in separate, quiet room, allow seating near an exit, and tape record classes.

**When you have more than one CCMP from the same provider, group same/similar answers and summarize as shown here and on next page.**

Consider adding bullets with stems to your personal HCNA template.

Same information on both CCMPs:

- No history of self-harm or past hospitalizations.
- Medications: none in the last year.
- Prognosis: with treatment: "If compliant - Good." Prognosis without treatment: "Poor."
- Last appointment: 2/17/19.
- Applicant will continue to be under her care; weekly appointments.
- Stated applicant is appropriate to reside in a non-mental health dormitory with accommodations.
- Restriction or limitations: Attentiveness/concentration, stress intolerance.
- Challenging behavior: None.
- Environmental triggers: Crowded rooms with strangers.
- Accommodations: Continued therapy. Breaks as needed for anxiety. Separate area for testing with reduced visual distractions. Support person that he can talk to as needed.

PRH requires that you contact provider if provider recommends applicant for Job Corps.

CMHC spoke with Dr. Doctor by phone with Dr. Doctor on 1/7/20.

- Dr. N Doctor indicated that applicant is inconsistent with psychotherapy and could benefit from medication/s but is resistant due to past experience with side effects. He was last seen almost a year ago. After explaining the limited services and supervision available at Job Corps, Dr. Doctor indicated that the applicant will encounter difficulties adjusting to academic and social demands without continuous direct support.

#### **Applicant Interview Summary:**

A phone interview was conducted with the applicant on 1/10/20. Applicant shared that school has been "like a rollercoaster...parts have been hell." He further explained that part of it was having the same aide from elementary through 8<sup>th</sup> grade, and "She didn't understand me." When asked what the aide does for him, he stated that "she mostly nags me to pay attention and get my work done." In addition, he stated that high school has been "really hard" for him and that he has "a really hard time understanding school lessons."

Interview summary provides info about specific symptoms for each of the applicants disclosed conditions (ADHD & anxiety) including frequency, severity, treatments, and coping strategies.

Applicant confirmed that he has AD/HD; his current symptoms are being fidgety and distracted. He rated these symptoms as a 4 out of 10 (1-10 scale, 10 is worst). He shared that he tried taking medication for his AD/HD, but it gave him a "shaky feeling inside" and he lost his appetite and began losing weight. Another medication made him sleepy and "draggy" and caused him to start wetting the bed, which had never been a problem for him before. He stated somewhat forcefully that he refuses to try any more medications. He was not sure what helps him manage his symptoms.

He shared that he has anxiety "most of the time" – whenever he is at school or out of his house. When feeling anxious, he stated that he tends to "argue with myself about stuff I already know," and his mother describes him as "cranky" and irritable. He endorsed having racing thoughts and "not being able to think straight" when anxious. He also reported having panic attacks. Sometimes he can predict them – like when he is in a crowded room or when it gets too loud – but other times, they take him by surprise. When he is at school, his aide helps him calm down by talking to him: "That's the one thing I like about her." He had a difficult time estimating how often he has panic attacks but guessed that it is "a couple of times a month." He rated his anxiety as a 7 out of 10 and his panic attacks as a 9 out of 10. Playing video games, exercise, and listening to music help him calm down at home. When asked how he would cope at Job Corps, he stated that he didn't know but thought he would be fine.

Applicant denied any history of suicidal attempts but acknowledged having suicidal thoughts in the past; the last time was two months ago. He could not identify specific stressors that trigger the suicidal thoughts. He then said the thoughts occur when he "doesn't have much sleep and/or doesn't have as much structure...but I know not to do that." He guessed that he experiences suicidal thoughts "every few months or so...it just depends." He reported doing counseling in the past but admitted to not being consistent with psychotherapy: "sometimes I need a break...I can manage without it."

If you use the Sample Applicant Interview Questions (recommended!), consider summarizing Question #13 about functional limitations using bullets like this.

When asked about other difficulties, the applicant provided the following ratings and frequency:

- Have a hard time being in large groups of people or social situations (yes, weekly, 7)
- Have hard time handling stress (yes, a few times a month, 6)
- Have a hard time managing feelings or moods (yes when I have panic attacks, every few months, 8)
- Have a hard time expressing what you want to say in words (yes, every day, 5)
- Have problems with being sensitive to loud noises, lights, people touching you (yes, weekly, 8)
- Have problems concentrating or staying focused (yes, when in school, 7)
- Have panic attacks (yes, every few months, 9)

Applicant was cooperative and engaged during interview. Thought content was logical, relevant, and coherent. Mood appeared anxious and insight was fair. Speech was slightly pressured at times but normal in rhythm and volume. He occasionally stammered and had some word-finding problems.

Questions and statements were repeated or simplified as needed. Applicant appeared to understand all questions and provided appropriate responses.

Begin or end your interview summary with the mental status exam and a statement about whether communication accommodations were provided.

**3. What are the functional limitations (specific symptoms) that affect your enrollment at this time?**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Avoidance of group situations and settings | <input type="checkbox"/> Difficulty with self-care   |
| <input type="checkbox"/> Impaired decision making/problem solving              | <input type="checkbox"/> Difficulty with sleep patterns  |
| <input checked="" type="checkbox"/> Difficulty coping with panic attacks       | <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment |
| <input checked="" type="checkbox"/> Difficulty managing stress                 | <input type="checkbox"/> Difficulty with stamina   |
| <input type="checkbox"/> Difficulty regulating emotions                        | <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers                    |
| <input type="checkbox"/> Difficulty with communication                         | <input type="checkbox"/> Organizational difficulties   |
| <input checked="" type="checkbox"/> Difficulty with concentration              | <input type="checkbox"/> Sensory impairments   |
| <input checked="" type="checkbox"/> Difficulty handling change                 | <input checked="" type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning        |
| <input type="checkbox"/> Difficulty with memory                                | <input type="checkbox"/> Other (specify) _____   |

Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list.

**4. What are the health-care management needs of the applicant that are barriers to enrollment at this time?**

- |   |  |
|---|--|
| <input type="checkbox"/> Complex behavior management system beyond Job Corps current system | <input type="checkbox"/> Medical needs requiring specialized treatment                                 |
| <input type="checkbox"/> Complex full mouth reconstruction/rehabilitation                   | <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care |
| <input type="checkbox"/> Daily assistance with activities of daily living                   | <input type="checkbox"/> Severe medication side effects  |
| <input checked="" type="checkbox"/> Frequency and length of treatment                       | <input type="checkbox"/> Therapeutic milieu required   |
| <input type="checkbox"/> Hourly monitoring required   | <input type="checkbox"/> Other (specify) _____   |

Summarize main symptoms/functional limitations and what types of treatment are needed to manage those. Using the provider's recommendations is very useful here.

**Brief Narrative:** Applicant reported having current, unmanaged symptoms of AD/HD including distractibility and fidgeting as well as generalized anxiety that prevents him from being in many public spaces, particularly if it is crowded or noisy. Throughout his education, he has had a paraprofessional aide to assist him with staying focused, completing tasks, and managing his anxiety. The applicant's psychologist indicated that he will need continuous, direct support to participate in the Job Corps program in addition to continued weekly therapy with her.

**Reasonable Accommodation Consideration**

Is this applicant a person with a disability?  Yes  No  
*(i.e., documentation of a mental health, medical, substance-abuse, cognitive, or other type of disability is present in the applicant file or the disability is obvious (i.e., blind, deaf). If no, please skip to Question #6.*

If yes, convene the reasonable accommodation committee (RAC) along with the applicant and list below any accommodations and/ or modifications discussed with the applicant that could either remove or reduce the barriers to enrollment as documented in Question #4 above.

Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. See Program Instruction 08-26 "Reasonable Accommodation and Case Management" for guidance.

Check one of the two options below.

- The RAC has been unable to identify any accommodations appropriate to support this applicant.
- The following accommodations/modifications listed below have been discussed with the applicant and considered as a part of this assessment:

*Please avoid suggesting extreme accommodations already known to likely be unreasonable unless the applicant has requested a specific support (i.e., 24 hour supervision). If unsure if a support or modification is an accommodation or is actually a case management support, please contact your regional health and consultants for assistance.*

**Accommodation Checkboxes**  
 Yes = offered and accepted  
 No = offered but not accepted  
 Blank = not offered

**Based on functional limitation(s) checked in Section 3, please check the appropriate accommodation below discussed with the applicant.** *Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list to be entered in the "Other" section.*

Avoidance of group situations and settings		
Allow student to arrive 5 minutes late for classes and leave 5 minutes early	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Excuse student from student assemblies and group activities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Identify quiet area for student to eat meals in or near cafeteria	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty coping with panic attacks		
Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide flexible schedule to attend counseling and/or anxiety reduction group	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student to select most comfortable area for them to work within the classroom trade site	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor to shore up support	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty handling change		
Provide regular meeting with counselor to discuss upcoming changes and coping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain open communication between student and new and old counselors and teachers	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recognize change in environment/staff may be difficult and provide additional support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty managing stress</b>		
Allow breaks as needed to practice stress reduction techniques	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Modify education/work schedule as needed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Identify support person on center and allow student to reach out to person as needed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty regulating emotions</b>		
Allow breaks as needed to cool down	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible schedule to attend counseling and/or emotion regulation support group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teach staff to support student in using emotion regulation strategies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor/support staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with communication</b>		
Allow student alternative form of communication (e.g. written in lieu of verbal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g. present to teacher only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with concentration</b>		
Allow use of noise canceling headset	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce distractions in learning/work environment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide student with space enclosure (cubicle walls)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with memory</b>		
Provide written instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow additional training time for new tasks and hands-on learning opportunities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offer training refreshers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use flow-charts to indicate steps to complete task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide verbal or pictorial cues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with organization</b>		
Use staff/peer coach to teach/reinforce organizational skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use weekly chart to identify and prioritize daily tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with self-care</b>		
Provide environmental cues to prompt self-care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assign staff/peer mentor to provide support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling to attend counseling/supportive appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with sleep patterns</b>		
Allow for a flexible start time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide more frequent breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer/dorm coach to assist with sleep routine/hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increase natural lighting/full spectrum light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with social behavior, including impairment in social cues and judgment</b>		
Assign mentor to reinforce appropriate social skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow daily pass to identified area to cool down	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjust communication methods to meet students' needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with stamina</b>		

Allow more frequent or longer breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional time to learn new skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Impaired decision making/problem solving</b>		
Utilize peer staff mentor to assist with problem solving/decision making	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide picture diagrams of problem solving techniques (e.g., flow charts, social stories)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Interpersonal difficulties with authority figures and/or peers</b>		
Encourage student to take a break when angry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide flexible schedule to attend counseling and/or therapy group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor for support and role modeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop strategies to cope with problems before they arise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide clear, concrete descriptions of expectations and consequences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student to designate staff member to check in with for support when overwhelmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sensory impairments</b>		
Modify learning/work environment to assist with sensitivities to sound, sight, and smells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student breaks as needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uncontrolled symptoms/behaviors that interfere with functioning</b>		
Alter training day to allow for treatment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Allow passes for health and wellness center outside of open hours to monitor symptoms	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce tasks and activities during CPP to not aggravate symptoms/behaviors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other</b>		

<b>Summarize any special considerations and findings of the RAC as well as the applicant’s input:</b>

*Please Note: Job Corps cannot impose accommodations upon an individual. If the applicant does not accept or agree to a specific accommodation, there is no need to consider that specific accommodation in your determination of whether the accommodations listed will reduce the barriers to enrollment sufficiently or not nor is there a need to complete a reasonableness review related to that specific accommodation.*

<b>Reasonable Accommodation Considerations:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did the applicant participate in the RAC meeting? ( <i>Note: The applicant must be a part of the discussion for reasonable accommodation.</i> )

<b>RAC Participants:</b>			
Name:	XXX XXX	Position:	DC
Name:	Joe	Position:	Applicant
Name:		Position:	

If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in Question #5 above which you believe are not reasonable and/or pose an undue hardship, the **Center Director is responsible for making that determination** using the “Accommodation Recommendation of Denial Form” found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the regional office with a recommendation for denial. The final determination is made by the regional office.

Guidance on how to make this determination is available in the “Evaluating a Request and Denying a Request” sections of Form 2-03. Please attach the completed “Accommodation Recommendation of Denial Form.”

If there are agreed upon accommodations between the RAC and applicant listed in Question # 5 then consider whether those accommodations reduce the barriers to enrollment sufficiently to allow for the applicant to be enrolled.

- If the accommodations would sufficiently reduce the barriers to enrollment, then you do not need to complete the remainder of this assessment and the center can assign the applicant a start date. Retain all the paperwork included in completing this assessment within the applicant’s Student Health Record.
- If the accommodations would NOT sufficiently reduce the barriers to enrollment for your center, please proceed to Question #6.

**6. Based on your review of the applicant’s health care needs above, does the named individual have health care needs beyond what the Job Corps’ health and wellness program can provide as defined as basic health care in Exhibit 2-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.]**

- In my professional judgment, health care needs are manageable at Job Corps as defined by basic health care services in Exhibit 2-4, but require community support services which are not available near center. Documentation of efforts to arrange for less frequent treatment in home state and/or to secure community support near center can be found in Question #7 below. Applicant should be considered for center closer to home where health support and insurance coverage is available. **File is forwarded to Regional Office for final determination.**
- In my professional judgment, health care needs are not manageable at Job Corps as defined by basic health care services in Exhibit 2-4. Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry and refer to other appropriate program/provider. **File is forwarded to Regional Office for final determination.**

**Note: Applicant is a 17-year-old male with a history of AD/DH and generalized anxiety. Currently, receives psychological treatment but compliance can be erratic as confirmed by treating provider. Even though recommended applicant discontinued psychiatric treatment a year ago. In school setting applicant’s limited concentration affects his academic performance, and due to his generalized anxiety, panic attacks were reported to occur when he is under pressure academically or in settings with large numbers of students. He tends to retreat to safe, isolated settings and skip classes where group participation is expected. Paraprofessional services were assigned four hours during school day to assist with accommodations, and provide support with the implementation of strategies for managing symptoms of generalized anxiety and AD/HD. Treating provider acknowledged that applicant would need continuous direct support to be able to successfully adjust to the academic and social demands of Job Corps. For all of the above, my clinical decision is supported that Job Corps is not currently the ideal academic setting for the applicant.**

**7. If recommending a different center, document efforts to arrange less frequent treatment in home state and/or secure community support near center in the space below. (Include name of organizations/facilities and specific individuals contacted and why access is not available.)**

---

---

---

**Printed or Typed Name and Title of Licensed Health Provider Completing Form**

---

**Signature of Licensed Health Provider Completing Form**

**Date**